

Pooley (Compliments of the Author)

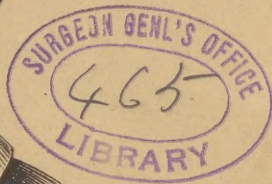
CASE OF
EPITHELIOMA OF THE CHEEK
AND
LOWER EYELID.

REMOVAL—BLEPHAROPLASTY.

BY

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OF YONKERS, N. Y.



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CASE OF EPITHELIOMA OF THE CHEEK AND LOWER EYELID—REMOVAL —BLEPHAROPLASTY.

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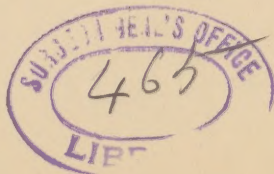
Surgeon to the St. John's Riverside Hospital, Yonkers, N. Y.

WILLIAM RAFFERTY, aged thirty-seven, born in Ireland, occupation laborer, married, had six children: two are dead, four living. His father and mother are dead; neither they nor any other of his relatives ever had any disease similar to his own. His right eye is sightless and wasted (Phthisis bulbi), from an inflammation which destroyed it in early life, the result of an attack of small-pox, which has left abundant traces of its ravages upon his face, which is badly pitted, particularly on the forehead.

His health is not good: he has had cough with severe dyspnoea and palpitation for several years. Upon making a physical examination of his chest, a very marked and loud cardiac murmur was found to exist, mitral regurgitant in character, with hypertrophy and excessive action of the heart. It was thought by one physician who examined him that he had also an aortic murmur, but I could not detect it.

His appetite and strength are fair, and when he does not exert or hurry himself, his heart disease does not trouble him very much; but anything like haste or excitement makes the dyspnoea intolerable. Up to this time he has had no dropsical symptoms. He is of a dull, phlegmatic temperament, and not over-intelligent.

Four years ago he was working in a brick-yard, and his face frequently became covered with sand and sweat, which he was in the habit of rubbing off with the sleeve of his red flannel shirt, particularly around the lower lid and corner of his left eye, where it was most troublesome. To the irritation thus produced he attributes a small sore, which made its appearance at that time upon the lower eyelid.



This, when it first attracted his attention, was not much larger than a large pin's head, and has been steadily increasing in size ever since. It has been treated from time to time with various salves and caustics ; but without any effect, except perhaps that of stimulating and hastening its growth. At present there is a large oval-shaped epithelial growth occupying the whole of the lower eyelid, and the upper part of the cheek ; it extends beyond both the internal and the external canthi ; is three inches in length, and one and a half in width. It projects considerably from the surface, and its irregular fungating summit is curled over the base somewhat after the fashion of a mushroom. It

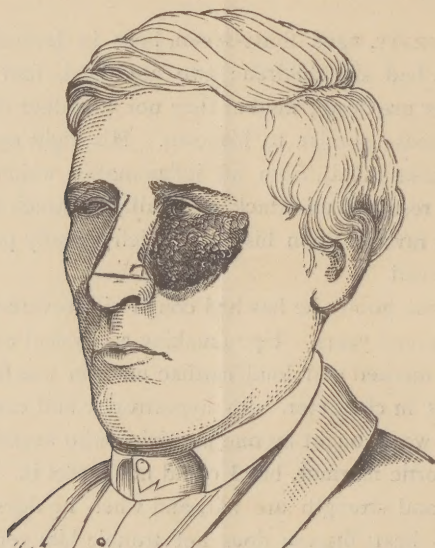


Fig. 1.

is covered with a black adhesive crust, probably the result of nitrate of silver which he has been applying to it, and discharges a watery fluid, which is sometimes offensive. It has never been very painful, but is the seat of a constant burning sensation, and occasionally of a troublesome itching. The cervical and sub-maxillary glands are not enlarged. The appearance of the growth is seen in Figure 1, taken from a photograph.

Rafferty was admitted into the St. John's Riverside Hospital, April

24th, 1871, for the purpose of having the growth removed by operation. The operation was performed on the 27th, three days after his admission, and, owing to the fears entertained by some present of its effect upon his diseased heart, without an anæsthetic, although I did not myself share in these apprehensions. The morbid growth was freely removed, even to portions of it extending slightly within the orbit. This was not done by any previously planned incisions, but by circumscribing it with the knife, and following it up where any suspicious-looking tissue was discovered.

The large gap or cavity thus formed, and which at first looked quite formidable, was then restored by flaps modelled after its size and shape, and derived from the nose and forehead.

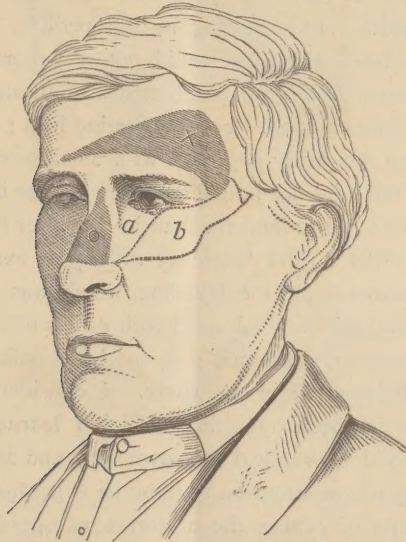


Fig. 2.

An incision was carried down from the inner canthus (Fig. 1) along the outer border of the ala nasi nearly to the tip of the nose, then across to a point just beyond the middle line or bridge of the nose, then upward parallel to the bridge to a point one inch from the point of starting.

The flap thus dissected up was triangular in shape, its truncated sum-

mit forming the pedicle. It is seen at *a*, Fig. 2 ; its length was one inch and seven-eighths ; its breadth one inch and a half ; the breadth of its pedicle one inch.

In forming this flap, one of the vertical incisions was made just beyond the bridge of the nose rather than exactly in the middle line, not to gain more flap, but to make the subsequent scar less unsightly. The flap fell easily into its place, without traction or constriction of the pedicle, and, as is seen by referring to the diagram, Fig. 2, formed more than one-half of the new eyelid. The remainder of the eyelid and the wound on the cheek were filled up by a flap taken from the forehead, irregularly elliptical in form and of large size. This is marked "*b*" in the diagram ; it was four and a half inches in length, one and three quarters in width at its widest part, and, like the other, had a pedicle one inch in width. In adjusting it, the pedicle, which might with advantage have been wider, but could not, was more twisted than the other, still it came easily into place, and without any undue constriction an arterial branch could be felt pulsating in it ; the skin of which it was composed was fairly peppered with small-pox pits or scars, but in dissecting it off I did not notice any deep change in structure or any firmer adherence to parts beneath than in the other flap.

These flaps filled up the deficiency with great exactness, and after waiting a few minutes for the bleeding, which was slight, to subside, were carefully and minutely adjusted with points of interrupted suture, forty-eight in number, for which purpose black silk was used ; there was not the slightest strain anywhere. I consider the use of *black* silk for sutures in these operations, which I learned from Professor Knapp, as a decided practical improvement, and as this is a department of surgery where attention to minutiae is preëminently important, I take the liberty of calling the attention of operators to the point. The dressing applied was simply a perforated oiled piece of linen and picked lint.

The patient bore this operation, which was necessarily a protracted and painful one, with perfect fortitude, only interrupting us once in the middle of the proceeding to ask for a drink of whiskey, which eminently reasonable request was of course granted. His pulse was not affected, nor the action of the heart hurried, during the three hours he was on the table.

The growth, after its removal, was examined by Dr. S. G. Perry, of this place, an accomplished microscopist, and found to possess all the characteristics of epithelial cancer.

In two days the flap from the forehead began to show evidences of deficient vitality, and in a week had nearly all sloughed away except the pedicle; but that from the nose, constituting most of the lower lid, did well, and by the process of cicatrization and contraction the result was very admirable, almost as good as I had anticipated if both flaps had lived. May 15th he was discharged from the hospital, with

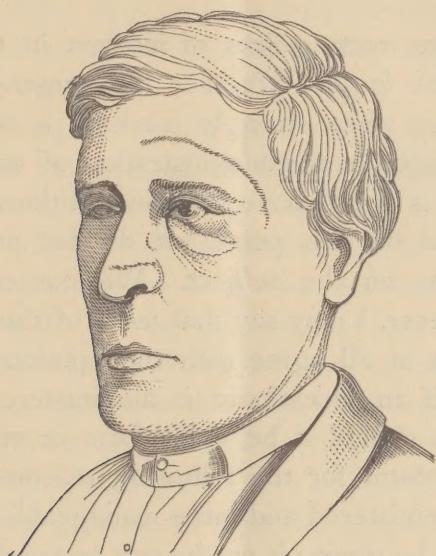


Fig. 3.

the wound nearly healed. October 2d I saw him; there has been some contraction of the scar, and the lower lid is dragged slightly down, preventing complete closure of the eye, but he suffers no inconvenience therefrom, and there is no lachrymation. Fig. 3, from a drawing taken October 11th, shows his condition at that time. It was my intention to have had a photograph taken for this purpose, but his heart-disease became so much worse that he could not walk to the photographer's; but the drawing is an accurate representation of his appearance.

From the latter part of November the heart-disease confined him entirely to the house; for many nights he was unable to lie down at all, and could only snatch a few minutes of sleep while sitting in a chair. His legs, face, and upper extremities began to swell; in particular, his left arm and hand were very much distended and of a purple color; he had troublesome expectoration of frothy, watery material, and almost complete failure of appetite. During his paroxysms of dyspnœa it was curious to see the deep purple color of the cicatrices contrasted with the general pallor of his countenance.

There are many points of interest in this case; it suggests the inquiry whether the presence of heart-disease, even when strongly marked, is necessarily a contraindication to the administration of an anæsthetic. I believe it is not. I have searched all the authorities at my disposal on this point, but do not find anything very definite on the subject. Without citing any of them, however, I may say that most of those who take notice of it at all agree with the opinion I have expressed. If an anæsthetic is administered in such a case, which should it be, chloroform or ether? I answer, chloroform, for the following reasons: it is more quickly administered and more manageable; it requires less of it to be given; it produces a less violent and protracted stage of excitement. I have seen chloroform administered for the dyspnœa of heart-disease both by the stomach and by inhalation with decided benefit and without the least bad effect.

With regard to the sloughing of the forehead flap, we may enumerate at least three circumstances to account for it: the large size of the flap, and, perhaps, the disproportionately small size of its pedicle; the

heart-disease affecting circulation and nutrition in all parts of the system; and, the character of the integument used, it being pitted with small-pox. In my own mind I am inclined to give the predominance to the latter condition. Small-pox pits are undoubtedly examples of true scar-tissue, a tissue which is proverbially of low vitality, and therefore unfit for plastic operations, which demand the highest vitality in the tissue employed in making flaps, and demand the observance of every auxiliary to preserve that vitality and defend it from adverse influences.

Flaps of transplanted skin often slough in the best of circumstances, and with all the difficulties presented in this case, it can be no wonder that what must be considered relatively a very large one should have done so.

Furthermore, we learn from this case how much nature alone can do to remedy what appears at first and to short-sighted observation an irreparable loss in such a case; so great, indeed, is this, that it has led some men of good judgment and large experience to express a doubt whether it would not be safe and justifiable in the removal of such growths to trust the case to the granulating and cicatrizing process entirely, and not attempt any plastic operation at all. With such opinions I cannot agree, particularly where the tissue of the eyelids is involved. Here the nice art of the plastic surgeon can do and has done wondrous things.

As there can be no rules laid down in this department of surgery which will be a sufficient guide for every case, therefore the records of cases themselves will always furnish the best hints from which operators

may adopt that which is suitable to their necessities ; and as Professor Knapp has laid us under great obligations by the record of several very remarkable and ingenious operations of this sort in these " Archives," I judged this to be the best possible place for the publication of the present case.

After some weeks of severe suffering, poor Rafferty died, December 22d, 1871. His wife refused to allow a post-mortem examination to be made.

